	001							Reg. Dist	t. No.	
I, PLACE OF DEATH					2. USUAL RESIDENCE (W	here decease		oni Residenc	e before adm	Ission)
a. COUNTY HOW	ard		MA	ARYLAND	o. STATE Maryl	and	b. COUNTY	Bull	erse D 1	
b. CITY OR TOWN (I	f outside corporate limi	ts, write	c. LENGTH OF ST	AY IN 1b	c. CITY OR TOWN (IF	outside corpo	rote limits, write R	URAL ond gi	ive nearest to	wn)
RURAL ond give no			8 day	S	Owings Mi	lls	03	x 2		
d. NAME OF HOSPIT	'AL (If not in hospital, g	ive street o	<u> </u>		d. STREET ADDRESS					ESIDENCE
OR INSTITUTION	Taylor Man	or H	ospital		36 Kings	ley Ro	pad			A FARM?
. NAME OF	Fir	st	Mid	dle	Lost	4. DATE	Mon	th	Day	Year
(Type or print)	La	wren	ce	S	Bell	DEATH	Jun	e 19		1959
S. SEX	6. COLOR OR RACE	7. MARRI	ED T NEVER MA	RRIED 🖂	B. DATE OF BIRTH		9. AGE (In years	IF UNDER	YEAR IF UN	
Male a	White	WIDOWE		CED [	3/12/93		last buthday)	Months (	Doys Hour	s Min.
00. USUAL OCCUPATIO	N (Give kind of work	done 10b-y	CINE OF BUSINES	S OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign c	ountry 1/7	12. CITI:	ZEN OF WHA	AT COUNTRY
during most of yor	ting life, even if retired	1 Kmi	Viane ul	3 6 1	Baltimo	re >	nd.		U.S.	
3. FATHER'S NAME		July	agmany is	chile	14. MOTHER'S MAIDEN	1//	1	,	- 1	
Then	mus	Idan	11 ~ /2	200		11	lache		9/1/1	1
5. WAS DECEASED EVE	R IN II. S. ARMED FOR	CES? 16 9	SOCIAL SECURITY	NO. 117. I	INFORMANT	reac (10)	Add	933	110	5-111
(Yes, no or shknown)	(If yes, goine wor or dates of s	ervice)	12 1/12-11	on Mu	1 Och of B	.11/1	21/0:0	10-	y long	Sygnel Co
Vis CAUSE OF DE	VVI IV. I	2/	2-10 67	OUYIF	youn you	ux, v	LEKONIA	Jeny	INTERVAL	BETWEEN
	ATH [Enter only one co ATH WAS CAUSED BY:		vocardia		lure			1	ONSET	DDEATH
11001	IMMEDIATE CAUSE (a	1	yocarara	ii ia.	TT UI G				0 111	
14 dd,1	DUE TO		adiaa ba		n a m h re				unkr	OM
Conditions, if a		La	rdiac hy	perci	ropny				WIII.	10411
cause (o), stating	A DUE TO						d:			
lying couse lost.	) (c	,			c cardiovasc					
PART II. OTH		_			NOT RELATED TO THE TERM				1(o) 19. WA PERI	S AUTOPSY FORMED?
Pulmonar					nd assoc wit			CT.	YES [	□ NO □
PART II. OTH Pulmonar 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING A CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY	OCCURRE	D. (Enter nature of injury in	Port I or Par	t II of item 18.)			
	MEDICAL EXAMINER)									
20c. TIME OF INJUR	Y Month, Doy, Ye		JURY OCCURRED		ACE OF INJURY (Home, for actory, street, affice bldg., et		or town)	{C	ounty)	(State)
p. m.	19	While of work	Not while of work		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
21. I certify th	at I attended the	decease	ed from	ine L	2 , 19 59, to	June :	19 , 19 5	9that Lle	ast saw th	e decease
alive on	/19/	195		at death	accurred at 10:0	OA from	n the couses o	and an th	e date sta	ated above
-		/	1	iai acaii			treet, city or town,			DATE SIGNED
ACTUAL CO	plion 1	99	Magn	1000	M.D. Ellicott	City	. Md.		6/	19.59
SIGNATURE C			1		.m.v.					
PHYSICIAN'S NAME (Type)	tephen Lee	a Mag	ness. M.	D. T.	aylor Manor	Hospi	tal.Elli	cott	City.	Md.
220 BURIAL CREMATIC					- 197		DON (CITY ROMA)			tote}
DEMOVAL (Specify)	20	1959	1000	Traces	a Visiting	19	011	-	Min	sul
Chille OF TOP	une de	10/	ADDIESS	griffs	W JUNEAUY	TO BY DEGIS	um	STRAP'S SIG	MATURE	ryrel

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hy filled in by the funeral director, Pages 1 and 2 shauld be filed with

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death. Page 4

NTTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

D FUNERAL DINECTOR: After the tertificate has been signed by the attending physician and campage 3 should be detached for use as the burial-transit permit. Then please remove carbon paper the registrar prior to burial, crematian, ar removal, and in any event within 72 pours and death.

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Then please remave carban vent within 72 haurs after de

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ertificate has been signed by as the burial-transit permit.

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may be retained by the haspite

TO FUNERAL DIRECTOR: After the page 3 shauld be detached far use

VS A15 (4) 15M 9/58

The law requires that the death certificate be

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		00	CERTIF	CAI	E OF DEA	1111	200		Reg. D	ist. No		
1)	PLACE OF DEATH o. COUNTY Howard		MARYLA		USUAL RESIDENCE o. STATE Maryland	E (Where dec		If institution. COUNTY		nce befo	ore odmiss	sion)
	b. CITY OR TOWN ( RURAL ond give n	d.	write c. LENGTH OF STAY IN	116	Ellicot					give ne	grest town	n)
	OR INSTITUTION	TAL (If not in hospitol, give			d. STREET ADDRE	ss	\$6 my r		· · · · · · · · · · · · · · · · · · ·	F .		SIDENCE FARM?
	NAME OF DECEASED (Type or print)	First	Middle	200	Last	4. DA		Mon	30,19	59 Do	,	Year
	Female		MARRIED NEVER MARRIED	Bt	DATE OF BIRTH		9. AG lost	E-(In years birthdoy) yrs.	IF UNDE Months		Hours	ER 24 HR Min.
	. USUAL OCCUPATI	ON (Give kind of work don- king life, even if retired)	e 10b. KIND OF BUSINESS OR		Montgo	mery C			12. CI	rizen oi	F WHAT C	OUNTRY
13.	Richard	Burriss			Mary E		th Cre	eroft			Æ	
	WAS DECEASED EVI	ER IN U. S. ARMED FORCES (If yes, give wor or dates of service	16. SOCIAL SECURITY NO.		iley Zent	er.Ell:	icott	City		4		
CERTIFICATION	Canditions, if a gave rise to it couse (a), stating lying couse lost.  PART II. OT	the under- CC (c)	Arterioscles	H BUT NO	- Hypo Sculence DIT RELATED TO THE	Leseca TERMINAL DIS	SEASE CON	arle	VEN IN PA	RT 1(a)	PERFC	AUTOPS DRMED?
	OR CONTRIBUTING	CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED 2		Enter noture of inju					(County)		(Stol
MEDICAL	Hour o. m.	10	While Not while at work of ot wark		y, street, office bldg		(City of lov			(Coomy)		(3101
	actual SIGNATURE	hot I oftended the de 29 homes & He	4-		1958, to courred at 4	22_M, fr	am the coss (Street, co	ouses or	nd an th		e state	
220	BURIAL, CREMATIC REMOVAL (Specify Burial	7-3-59	22c. NAME OF CEMET	ERY OR C	REMATORY		OCATION (		or county)		(Sto	te)
23.	FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS		240	. REC'D BY R	EGISTRAR	24b. REGI		4.5		
	F.C. Higin	bothom, Ellico	tt City, Md		DA	EJUL 6	'59	ari	thun S.	Than	4	

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Reg. Dist. No.

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SICIAN: The law requires that the death certificate be

may be retaine by the haspite TO FUNERAL DIRECTOR: After the copage 3 should be detached far use TO HOSPITAL

the registrar prior VS A1S (4) 1SM 9/S8

1. PLACE OF DEATH o. COUNTY Howard	MARYLAND	2. USUAL RESIDEN a. STATE Maryland	ICE (Where decease	d lived. If instituti b. COUNTY	an: Residence bef	are admissian)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Ellicott City	c. LENGTH OF STAY IN 16	c. CITY OR TOV	VN (If autside carpo	rate limits, write R		earest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Waterloo Road	address)	d. STREET ADD	RESS	o y		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) HENRY F	Middle DAMM	Last	4. DATE OF DEATH	June		959 19
		6. DATE OF BIRTH Mar. 2.	3 1878	9. AGE (In years last birthday) 81 yrs.	IF UNDER 1 YEA Manths Days	R IF UNDER 24 HRS. Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark dane during most af warking life, even if retired)  Retired	kind of Business or Indus Carpenter		E (State or foreign c imore Co.	auntry) Md	12. CITIZEN C	OF WHAT COUNTRY?
13. FATHER'S NAME Henry F. Damm		14. MOTHER'S MA		ager		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		Mrs. Herman		Add		đ,
PART II. OTHER SIGNIFICANT CONDITIONS O	ente pe queardia mility	L Gus	man disease	E CONDITION GI	ma or	TERVAL BETTYPEEN SET AND DEATH  THE SET AND DEATH
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of in	njury in Part I ar Par	t II af item 18.)		J
20c. TIME OF INJURY Manth, Day, Year 20d. II Haur a. m. p. m. 19 While at war	Nat while fac	ACE OF INJURY (Har ctary, street, affice bl		y or town)	(Caunty	r) (State
21. I certify that I attended the decease alive an 195 ACTUAL SIGNATURE PHYSICIAN'S FORM E (Type)	· a F	1, 1956, a accurred at <i>K</i>		. 7	d an the dat	the deceased the stated above DATE SIGNED
22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 6-5-1959	22c. NAME OF CEMETERY O			TION (City, tawn,	ar county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE F.C. Higinbothom, Ellicott	ADDRESS	24	a. REC'D BY REGIS	TRAR 24b. REG	ISTRAR'S SIGNATI	URE

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			all the same
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	WILLIAM	Liverior.	ASSAULT AND AREA
		A CHARLES OF THE RESIDENCE OF	A CONTACTOR
	Cartif St. Ass.	de estados — 9	Office The Control of
		in -0.25 to	City Control of the Control

y filled in by the Tuneral director, Pages 1 and 2 shauld be filed-with

death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours off

06840

6848

CERTIFICATE OF DEATH

0010			Keg	J. Dist. No.
I. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (WH	ere deceased lived. If institutions Re	esidence before admission)
Howard	MARYLAND	Maryla	ind b. COUNTY B	altimore
	LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write RURAL	and give nearest town)
RURAL ond give neorest town) Ellicott City	10 days	Glen Arm	03	Y O
d. NAME OF HOSPITAL (If not in hospital, give street addr.		d. STREET ADDRESS	00	e. IS RESIDENCE
OR INSTITUTION		d. SIRCEL ADDRESS		ON A FARM?
Taylor Manor Hospi	tal			YES NO
3. NAME OF First	Middle	Lost	4. DATE Month	Day Yeor
(Type or print) Sarah		Fine	DEATH June 1	2 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		NDER 1 YEAR IF UNDER 24 HRS
Female White WIDOWED	DIVORCED [	March 10,1	.883   lost birthdoy) Mor	oths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND	OF BUSINESS OR INDI			2. CITIZEN OF WHAT COUNTE
during mast or working life, even if retired)				WSA
Housewife		Lithuani		WUT
3. FACHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Jours Jeldma	M	, Trende	2	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC	IAL SECURITY NO. 17.	NFORMANT A	Address	1
(Yes, no, or unknown) (If yes, give wor or dates of service)	1/1	anuel 6	Time - 6	Land
18. CAUSE OF DEATH [Enter only one couse per line fo	r (o), (b), and (c), ]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		cardial Infar	ation	ONSET AND DEATH
IMMEDIATE CAUSE (o)	Acute Myo	carulal illial	CCTOH	2 min.
4do, 1 DUE TO	ized			
	ral arteri	osclerosis		years
gove rise to immediate couse (o), stoting the under-				
lying couse lost. (c)				
, (-)	PIRITING TO DEATH RIL	T NOT BELATED TO THE TERM	NAL DISEASE CONDITION CIVEN IN	BART VALUE AUTORSY
S A S A S A S A S A S A S A S A S A S A				PERFORMED?
Associated with				YES 🔀 NO 🗌
PART II. OTHER SIGNIFICANT CONDITIONS CONT  Associated with  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURR	ED. (Enter noture of injury in F	Port I or Part II of item 18.)	
	Y OCCURRED 20e. P	LACE OF INJURY (Home, form	205 (6)	
Hour o.m. While		actory, street, office bldg., etc.	) i	(County) (State)
p. m. 19 at work	at work			
21. I certify that I attended the deceased f	June 3	19 59 to	une 12 10 59 the	it I last saw the deceas
glive on June 12 1959		7:25	PM, fram the causes and c	in i last saw the deceas
dilve on	-,-, and that deal			
ACTUAL	0		ADDRESS (Street, city or town, stote)	DATE SIGN
SIGNATURE SHARE	a lear	M.D. Taylor Man	or Hosp. Ellico	tt City, Mao 21
PHYSICIAN'S				
NAME (Type) Irving J. Taylor,	M.D. T	aylor Manor H	Cospital, Ellicot	t City, Md.
	NAME OF CEMETERY		22d. LOCATION Gity, town or cou	
REMOVAL (Specify) / 11110	Mt ( 1)	rmio	The Other	nty) 7 (Stote)
Cultur B-14 /	in ou	orner	- Butto	puce
JUNERAL DIRECTOR'S SIGNATURE	ADDRESS /		and application I all applications	
toek Leurenne 2100,	ALL CONTRACTOR	24a. REC'I	D BY REGISTRAR 24b. REGISTRAR	'S SIGNATURE

TO FUNERAL DIRECTOR: After the Perificate has been signed by the attending physician and camp page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon paper the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL OR VS A15 (4) 15M 9/55

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			and the second

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## 6849 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Hours Min.
e. IS RESIDENCE ON A FARM? YES NO Year 1959 IF UNDER 24 HRS. Hours Min.
Year 1959 IF UNDER 24 HRS. Hours Min.
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IF UNDER 24 HRS. Hours Min.
F WHAT COUNTRY
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RYAL BETWEEN ET AND DEATH
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amount n
9. WAS AUTOPSY
PERFORMED2_
YES NO
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(Stote)
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DATE SIGNED
1959
,1959 (Stote)
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(Stote)
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CAL EXAMINER: This certificote should be executed within 24 hours after death.

e. writing the yord "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to a Chief Med Examiner's Office along with farm PM3. Page 5 may be retain CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with cute the certified, writing the forwarded to the Chief Med TO FUNERAL DIRECTOR: Page O DEPUTY ME

funeral direc any delay is or your files.

VS. A15ME(5) 5M 9/55

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nta etc			00000102		

TO FUNERAL DIRECTOR: After the page 3 should be detached for use the registrar priar to burial, crematiful

TO HOSPITAL O

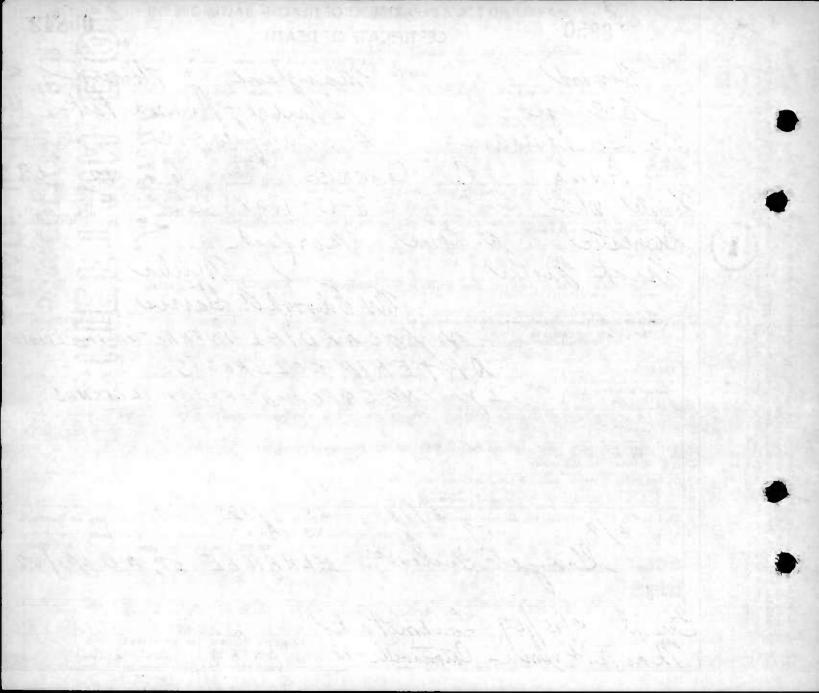
VS A15 (4) 15M 9/58 68 ATH/

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6850 CERTIFICATE OF DEATH

06842

Reg. Dist. No.

-		
	1. PLACE OF DEATH o. COUNTY  Toward  MARYLAND  2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence be b. COUNTY foward  MARYLAND	1/
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give a RURAL and give a regest town)  Colored to the corporate limits, write RURAL and give a RUR	Expest town)
	d. NAME OF HOSPITAL (If not in Kospital, give street address) OR INSTITUTION 2105 Beach filld are 2105 Beach filld are	e. IS RESIDENCE ON A FARM YES NO
	3. NAME OF DECEASED (Type or print) ANNA C, Middle CARRISS DEATH (Type or print) ANNA (TARRISS DEATH (TARRISS)	2 19-5
5,	5, SEX   6. COLOR OF RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years light hirthdoy)   WIDOWED   DIVORCED   8 - 13 - 1892   9. AGE (In years light hirthdoy)   Months Doys	R IF UNDER 24 H
10c	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, 8IRTHPLACE (Stote or foreign country)  12. CITIZEN (  Warmland	OF WHAT COUNT
13.	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  Miller	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (If yes, give wor or dates of service)  (If yes, give wor or dates of service)  (If yes, give wor or dates of service)	
		TERVAL BETWEEN USET AND DEAT  MM FD/
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOP PERFORMED? YES NO
CERTIFI	OR CONTRIBUTING CLOSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a. m.  p. m.  19  20d. INJURY OCCURRED While Not while of work of wo	(Ste
	21. I certify that lattended the deceased from \$\int \begin{array}{cccccccccccccccccccccccccccccccccccc	
220	220 BURIAL, CREMATION, 22b, DATE THEREOF 22c. MAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
23.	23. FUMERAL DIRECTOR'S SIGNATURE / ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNAT DATE JUN 1 6 '59 Chilling & H	



## 6851 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

06843

Ŀ				Keg. o	31. 170.
T	1. PLACE OF DEATH o. COUNTY	MARYLAND 2. U	SUAL RESIDENCE (Where STATE	deceased lived. If institution: Resider	nce before odmission)
-	b. CITY OR TOWN (If outside corporate limits, write RIXAL and give nearest town)	OF STAY IN 1b	CITY OF TOWN (IF outside	de corporate limits, write RURAL and	give nearest tawn)
-	d. NAME OF HOSPITAL (If nat in hospital, give street oddress)  ORAN STITUTION	To re	I STREET ADDRESS	velle)	e. IS RESIDENCE ON A FARM?
103	3. NAME OF DECEASED (Type or print)	Middle	1/ 1/11	DATE OF Month OF DEATH	Pay Year
45	5. SEX 6. COLOR OR RACE 7. MARRIED NEVE	R MARRIED   8. DA			TYEAR F UNDER 24 HRS
1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUS	19 14	1. BIRTHPLACE (State of Fo		TIZEN OF WHAT COUNTRY
1	13. FATHER'S NAME Utillan N. Kell	14.	MOMER'S MAIDEN NAMI	unk	iour
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) [If yes, give wor or dates of service]	IRITY NO. 17. INFORM	ved T. Ke	Ely Simps	ourlle, lu
	1B. CAUSE OF DEATH [Enter only one couse partine far (a), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ond (c).]	17/1	noutou	ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate (b)	D. a	Unio	peliesie	104/20
	cause (a), stoting the under- lying couse last.	neals	walin	NET CONDITION	15/2/2
	Ex Clutal	Car	er nature of injury in Port I		17 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
- 1					
100	Hour o. m. 19 While of work of work	le foctory, s	F INJURY (Home, farm, 2) treet, office bldg., etc.)	Or. (City or lown)	County) (Stole)
	olive on, 19, 19, on	d that death occu		, from the couses and on t	lost saw the deceose he dote stated above
	ACTUAL MINISTER AND MINISTER AN	relection	Abo	RESS (Street, city or town, state)	DATE SIGNE
-	PHYSICIAN'S J. M. Warren				/ / //
	#WY/14 (pecify) 6/4/59	OF CEMETERY OR CREA	MATORY 22d.	Simpsonville, Md	(State)
2	23, FUNERAL DIRECTOR'S SIGNATURE ROO	kville, Md	24o. REC'D BY		SNATURE & KANA

VS A15 (4) 15M 10/57

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TOTAL CONTRACTOR SHAP	Note: Name of Section		
same all ever me (44 K.C.) (C)	work of the latest the bearing		All and the second
. M. Carrier			

#### 116822 6852 CERTIFICATE OF DEATH Reg. Dist. No. director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Filed o. COUNTY b. COUNTY ow ar MARYLAND ow 2rd b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN pe (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) pinoc - woodh ro 1100000 d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 24 215 0 YES NO NAME OF First Middle Lost 4. DATE Month Day DECEASED OF (Type or print) DEATH Une 19-3 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS tast birthday) 1889 Months Hours Min. WIDOWED DIVORCED [ yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) 1-2×11 and -armino DYG pan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME atherin 2 122 mave haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Woodbine Md. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN terio sclerotic Heart ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which (6) gove rise to immediate DUE TO cause (a), stating the underlying cause lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 ar Part It af item 18.) 20c. TIME OF INJURY Manth. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day. Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) G. f1. While Nat while of work of work 21. I certify that I attended the deceased fram that I last saw the deceased and that death occurred at 8\_ A. M. fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE ā shauld 0 PHYSICIAN'S NAME (Type) n DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (Stote) REMOVAL (Specify) WOOL 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JUN 2 5 '59 arthur & Kraus 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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y filled in by he Conerol director, oges 1 and 2 should be filed with

death. Page 4

rtificate has been signed by the attending physician and camp eath. urs after page 3 shauld be detached for one as the burial-transit permit. Then please rem the registrar prior to burial, cremation, or remayal, and in any event within 72 h as the burial-transit permit.

ITTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

may be retain TO FUNERAL DIS

1. PLACE OF DEATH o. COUNTY Howar	d		MARYLAND	2. USUAL RESIL	PENCE (Where	deceased live	d. If instituti	on: Residence b		ssion)
b. CITY OR TOWN RURAL ond give		ts, write c. LENGTH OF	STAY IN 16		own (If our		limits, write R	URAL and give	nearest tov	wn)
OR INSTITUTION	d Frederick			old F		k Road			ON	A FARM?
3. NAME OF DECEASED (Type or print)	Fir C OURT		Niddle KOONTZ	Los	4	OF DEATH	June 5		Day	Year 19
5. SEX Male	6. COLOR OR RACE White	7. MARRIED NEVER N	ARRIED	B. DATE OF BIRTI		9. A	GE (In years ost birthday) 47 yrs.	Months Doy		-
100. USUAL OCCUPAT during most of wo loth Fir	rking life, even if retired	done 10b. KIND OF BUSINI Woolen M				foreign countr		12. CITIZEN	OF WHA	T COUNTR
13. FATHER'S NAME Leslie	G. Koomtz			14. MOTHER'S Estel	MAIDEN NAM					
		CES? 16. SOCIAL SECURIT 213-09-60		nformant rs. Fran	ces Ko	ontz,El	Add licott		ſd	
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Ony, which immediate the under-	Bench	ie f	alera	, ch	vice			MITERVAL BONSET ANI	
PART II. OT	HER SIGNIFICANT CON	DITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO	THE TERMINA	L DISEASE CO	NDITION GIV	EN IN PART 1(c	PERF	AUTOPSY ORMED?
	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRIBE HOW INJU	IRY OCCURRE	D. (Enter nature a	f injury in Port	l 1 or Parl II a	fitem 18.)			
20c. TIME OF INJU Hour o.m. p. m.	RY Month, Day, Yeo	While Not while of work	fo	ACE OF INJURY (I ctory, street, affice		20f. (City or t	own)	(Cour	nty)	(State
21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the	and the	They that death	, 1955 occurred at			e causes o		date sta	
220. BURIAL, CREMATI- REMOVAL (Specify Burial	ON, 226. DATE THEREO		CEMETERY O	R CREMATORY	222	d. location	(City, town,		(SIC	ole)
23. FUNERAL DIRECTO		ADDRESS				Y REGISTRAR	24b. REGI	STRAR'S SIGNA		1855
r.o. Higino	othem, Ellic	ott City.Md			DATE	N 8 '59		billian & 1	Canua	

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6854 CEPTIFICATE OF DEATH

Reg.	Dist	Na

06845

000-	CERTIFICA	AIL OI DEAIN	Re	g. Dist. No.
1. PLACE OF DEATH o. COUNTY Haward	MARYLAND	2. USUAL RESIDENCE (Whe a. STATE	re deceased lived. If institution: R	esidence befare admission)
b. CITY OR TOWN (If autide corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	Side carporate limits, write RUBAL	ond give nearest town)
<ul> <li>d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION</li> </ul>	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Ruley	Middle ()	rerman	4. DATE Month OF DEATH MONTH	Day Year 26 195
5. SEX  6. COLOR OR RACE 7. MARI WIDOW		B. DATE OF BIRTH		NDER 1 YEAR IF UNDER 24 HRS.  nths Days Haurs Min.
100. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if-reffred)	Hame	Mariela	r fareign country)	2. CITIZEN OF WHAT COUNTR
13. FATHER'S, NAME allie a. T.	hamas	14. MOTHER'S MAIDEN NA	Dane Mis	isell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] [If yes, give wor or dates of service]	SOCIAL SECURITY NO. 17. 1	Aurelie	Address Address	land h
18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate	ne far (a), (b), and (c).]  North	coring	cochesio	INTERVAL BETWEEN ONSET AND DEATH
cause (a), stoting the under- lying cause last.	Kestoric	essei	roma.	
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING OF CONTRIBUTIONS OF CONTRIBUT	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	al disease condition given in	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CRISE HOW INJURY OCCURRED	D. (Enter noture of injury in Pa	rt t or Part II af item 18.)	
A Haur a.m. While		CE OF INJURY IHome, farm, fary, street, office bldg., etc.)	20f. (City or tawn)	(County) (State)
21. I certify that I attended the deceas alive on 6-26, 195			M, from the couses and	
ACTUAL SIGNATURE Todala Piera	dres		DDRESS (Street, city ar town, state)	
PHYSICIAN'S IDOLO PIER	RANDREI			
220. SURIAL, CREMATION, 276. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 2	2d. LOCATION (City, lawn, ar cau	inty) (Starte)
23. FUNERAL DIRECTOR'S SIGNATURE ()	Lan Laun	7 7 1/1	8Y REGISTRAR 24b. REGISTRAR UL 1 159 Cons.	

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6855 MEDICAL EXAMINED'S CEDTIEICATE OF DEATH

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U	ME	DICAL	CAMINE	X 3	CERTIFICA	AIL OF	DEATH	Reg.	Dist. N	0.	
1. PLACE OF DEATH					2. USUAL RESIDENCE	E (Where deceas			idence be	efore adm	nissian)
	ard		MARYLA	ND	o. STATE Mar	yland	b. COUNT	Y HOY	ward		
and give nearest town		RURAL	c. LENGTH OF STAY IN	16	c. CITY OR TOWN			RURAL c	and give	nearest to	own)
	hester		h-1 -1		d. STREET ADDRES	icott C	ity			1- 10.0	RESIDENCE
	's College				/	eshoe R	d.			ON	A FARM?
NAME OF DECEASED	First		Middle		Last	4. DATE	Mont	h	Day	1	Year
(Type or print)	Stanley	7		Be	eugh Jr	OF DEATH	June	3	L3	1	1959
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	_			9. AGE (In years	IF UND	ER TYEAR	IF UND	DER 24 HRS
Male	White	WIDOWED	DIVORCED	Me	r 7.1945		lost birthday)	Months	Days	Hours	Min.
On. USUAL OCCUPATIO	ON (Give kind of work d	one 10b. KII	ND OF BUSINESS OR IN			ale ar foreign c		12. C	ITIZEN C	F WHAT	COUNTRY
during most of workin Stud	g life, even if retired)				The second						
3. FATHER'S NAME	ierio .		None	1	4. MOTHER'S MAIDE	tt City	, 1/11				
	nley Peugh				Clister						
	ER IN U. S. ARMED FOR	CESS IV S	OCIAL SECTION NO. IN	7 15124		MITTIER					
Yes, no. or unknown)	(If yes, give war or dates of se	ervice)			ORMANT		Address				
No		N	one	Si	tanley Peu	igh, Elli	cott Cit	y, Md			
18. CAUSE OF DEAT	TH (Enter only one caus	e per line fo	r (a), (b), and (c).]	.00					INTE	RVAL BETW	ZEEN
Canditions, if or gave rise to immed (o), stating the cause last.	diote couse ounderlying DUE TO (c)_	TOM COL									
PART II, OTH	ER SIGNIFICANT COND	ITIONS CON	ITRIBUTING TO DEATH B	UT NO	T RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PA	ART 1(a)	19. WAS PERFO YES (3)	ORMED?
PART II, OTH  20g. EXTERNAL CAU PRIMARY 15 or CON CAUSE OF DEATH.	JSE WAS TRIBUTING [	drown	HOW INJURY OCCURRE	D. (Ente	er nature af injury in	Part 1 ar Port II	of item 18.)				
20c. TIME OF INJUR	RY Month, Day, Year		JURY OCCURRED   20e.	PLACE	OF INJURY (Home, f	arm, 20f. (City	ar tawn)	(0	County)		(Stale)
20c. TIME OF INJUR	5/13 19 [	While of work	C et week		, street, affice bldg.,		beaker	II on	lana.	Man	[
			mains described		ing pool		hester		ward		rylan
	from: Natural c		/ ./		_		ndetermined o		)'''y	, and	find the
ACTUAL SIGNATURE	Oharle	01	letter		N.D. CHIEF MEDICAL	L EXAMINER				DATE	SIGNED
EXAMINER'S	narles S. Pe	attsr			ASSISTANT MEI	DICAL EXAMINE	-		6,	14/5	59
2a. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREOF	2	2c. NAME OF CEMETERY			100000000000000000000000000000000000000	TION (City, tawn,		)	(Slot	te)
Buriel  3. FUNERAL DIRECTOR	6-17-59		Good She	phe		Elli	RAR 246. REG	, Md	CALLET .	000	
	bothom, Elli	cott	City, Md			EC'D BY REGIST		STRAR'S			

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06847

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6856 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY b. COUNTY MARYLAND Howard Md. Howard b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Valley Mead - Route 10 Valley Mead - Route 10 d. NAME OF HOSPITAL (If not in hospital, give street address) A STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Long View Dr. & Greenway Dr. Long View Dr. & Greenway Dr. YES NO NAME OF 4. DATE Middle Lost Day Year OF RODGER H. PTPPEN (Type or print) June 19 59 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (tn years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH Months Days Hours male whi te DIVORCED T Feb. 21, 1888 WIDOWED [ 71 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Md. Ralto, News Retired Sports Editor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Pippen Bertie Hamill 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Valley Mead-Route 40 If yes, give war or dates of services Mrs. Nell S. Pippen - Long View Dr. & Greenway no 216-09-7201 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH-PART I. DEATH WAS CAUSED BY: · moderaci 56.1 DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CATION PERFORMED? YES NO DE 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED o. m. While Not while at work at work 21. I certify that I attended the deceased from an 10, 190

ACTUAL SIGNATURE

FUNERAL DIRECTOR SEIGNATURE

20e. PLACE OF INJURY IHome, form, 20f. (City or town)

foctory, street, office bldg., etc.)

Woodlawn Cem

**ADDRESS** 

1922, that I last saw the deceased and that death occurred at M. fram the causes and an the date stated above. ADDRESS (Street, city, or town, stote) DATE SIGNED

(County)

PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)
Burial

22d. LOCATION (City, town, or county) Woodla wn

24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Crithur & Kraus

VS A15 (4) 15M 9/55

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Michigan Company			
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dmpi	opers.	

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6857

**CERTIFICATE OF DEATH** 

Reg. Dist. No

116848

PLACE OF DEATH  O. COUNTY  HOWARD  MARYLAND  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  G. LENGTH OF STAY IN 1b  RURAL and give nearest lown)  ANAME OF HOSPITAL (If not in haspitat, give street oddress)  OR INSTITUTION  139 HANOVER RD  NAME OF DECEASED (Type or print)  FRANCIS J TAYLOR SR.  SEX  MALE  6. COLOR OF PACE  WIDOWED DIVORCED DIVORCED  2. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Archt.  FATHER'S NAME	c. CITY OR TOWN (IF C ELKR:  d. STREET ADDRESS:  139 HANG  Lost  B. DATE OF BIRTH Oct.12,1884  DUSTRY 11. BIRTHPLACE (Stote	b. COUNTY  Intiside corporate limits, write R  DOGE  OVER RD  4. DATE OF JUNE  9. AGE (In years lost will day)  yrs.	e. ts RESIDENCE ON A FARM? YES NO  19  1959  IF UNDER 1 YEAR IF UNDER 24 HRS.
RURAL and give negrest town)  d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION  139 HANOVER RD  NAME OF DECEASED (Type or print)  FRANCIS J TAYLOR SR.  6. COLOR OF FACE WHITE  WIDOWED  DIVORCED  DIVORCED  Archt.	d. STREET ADDRESS 139 HANG Lost  B. DATE OF BIRTH Oct.12, 188  DUSTRY 11. BIRTHPLACE (Slote	OVER RD  4. DATE OF JUNE PEATH JUNE 9. AGE (In years lost will doy) 1 yrs.	e. 15 RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)  SEX MALE    6. COLOR OF PACE   7. MARRIED   MIDOWED   DIVORCED	B. DATE OF BIRTH Oct.12,188	4. DATE OF JUNE  9. AGE (In years lost timb day)  yrs.	ON A FARM? YES NO 19 10 11 11 11 11 11 11 11 11 11 11 11 11
Couragn Archt.  FRANCIS J TAYLOR SR.  A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  FRANCIS J TAYLOR SR.  MARRIED NEVER MARRIED WIDOWED DIVORCED DI	B. DATE OF BIRTH Oct.12,188	9. AGE (In years lost turl day)	1959 19 19 19 19 19 19 19 19 19 19 19 19 19
DIVORCED DIV	Oct.12,188	lost bill day) yrs.	
during most of working life, even if retired)			Months Days Hours Min.
FATHER'S NAME	Mentom	or foreign country) adland	12. CITIZEN OF WHAT COUNTR'
Francis W. Taylor	14. MOTHER'S MAIDEN N	Susanna Fr	ench
to or or unknown) . If we were not to the country	erta H.Tayl		res Rd.
Conditions, if any, which gave rise to immediate cause (a), stating the underly lying cause last.  (b) Course (b)  DUE TO  (c)	T. C.	· COBD	uction 3me
tuian annua lan	BUT NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	PLACE OF INJURY (Home, form	, 20f. (City or town)	YES NO (County) (State)
p. m. 19 of work of work	foctory, street, office bldg., etc		
1 02 02 D	oth accurred at 10 35	M, fram the causes of ADDRESS (Street, city or town,	and on the date stated abov
PHYSICIAN'S BBBOOM B& COL	4 Sel	Smale	027208
Burial, Cremation, 22b. Date Thereof Burial (6/6/59 Grace Est		22d. LOCATION (City, lawn, Elkridge	or county) (State)

18 At	IL OF HEALTH BALTIMORE.	enterenta Tadistrio	TE THATYARM	
CRANOH	ON A		HOWARD	
	ELKRIDGE		ELKTTDGE	
	139 I ANOVER BD		139 HAWOVIH RD	
4,1959	acut,	.48 40	FRANCIS J TAYL	
	12,1084 74	0	TTHW	LIAY
au	New Youndland			Archu
rench	Nerkk Susanne P		ncis W. Taylor	BTH
.59	Him'de	.qaa soand	6/6/59	Burial
		Likens Avc.	two pard 4107 ht	.H baswa

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6858 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06849

					Reg, Dist. No.			
1. PLACE OF DEATH			2. USUAL RESIDENCE (Where de		n: Residence before admission)			
Howard		MARYLAND	Maryland	b. COUNTY	Howard			
b. CITY OR TOWN (II	outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RU				
Jessups	Rural		V					
			Jessups	Rural	L 10 DECIDENCE			
	AL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
Mission	Rpad		Mission Mission	Road	YES NO			
3. NAME OF DECEASED	First	Middle	Last 4. DAT	E Month "	Day Year			
	TSH MICHELL	THOMAS	OF DEA	TH 6-24	_50 . 19			
S. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED B	DATE OF BIRTH		UNDER TYEAR IF UNDER 24 HRS			
Dama? .				lost birthday) M	onths Days Hours Min.			
Female	0010104		-14-59	yrs.	2 10			
during most of working	on (Give kind of work done) 10 g life, even if refired)	6. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY			
None	Table 1	None	Jessups, Md					
13. FATHER'S NAME	•		14. MOTHER'S MAIDEN NAME					
Allen	Eugene Thomas		Sarah El	len Wilson				
15 WAS DECEASED EV		16. SOCIAL SECURITY NO. 17. II	ORIGINANT DEL	Address				
(Yes, no, or unknown)	(If yes, give wat or dates of service)	97						
MO		None	Sarah E. Thomas, Jo	essups, Ma				
	TH [Enter only one cause per I	ine for (a), (b), and (c).}			INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Infortions D	lambaa		2 days			
5710	571.0 DUE TO							
Conditions, if ony, which)								
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(o), stoting the					TO SERVICE STATE OF THE SERVIC			
couse lost.	(c)							
Z PART II. OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY			
Domatur	ity and Dehydr	etion			PERFORMED? YES NO N			
20a. EXTERNAL CAL	ISE WAS 1206 DESC		nter nature of injury in Port I or Por	A 11 -5 in - 10 h	I TO DE INO CAL			
PART II. OTH Prematux 20a. EXTERNAL CAL PRIMARY   or CO CAUSE OF DEATH.	TRIBUTING []	RIBE HOW HOOK! OCCORNED. (E	mer nature of injury in Port I or Por	T II or item 16.)				
20c. TIME OF INJUIT			CE OF INJURY (Home, form, 20f. ( bry, street, office bldg., etc.)	City or town)	(County) (State)			
Hour o.m.		hile Not while Tocic	y, silves, office blug, etc.)					
		e remains described aba	ve held an Autoney	Inspection [4	lancing (F)			
					Inquiry , and find the			
death resulted	fram: Natural causes	Accident [], Suit	cide, Hamicide,	Undetermined cau	se 🔟.			
1	1	10 +1						
SIGNATURE -	uorge 6.	Duguer	M.D. CHIEF MEDICAL EXAMINER		DATE SIGNED			
V.		- 1 ()	ASSISTANT MEDICAL EXAM	INER 🗆	", " " "			
EXAMINER'S NAME (Type)			DEPUTY MEDICAL EXAMINE		24,1959			
	orge E. Burgtor							
REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22d. LC	CATION (City, town, or c	ounty) (Stole)			
Burial	6-26-59	Hopkins Cha	pel Hi	ghland Wd				
3. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	24a. REC'D BY REC	SISTRAR 246. REGISTR	AR'S SIGNATURE			
F. C. Higinbo	thom.Ellicott	City. Md	DATE WIN 2 6	'59 Cal.	of L. Henril			

VS. A15ME(5) 5M 9/55

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DE MEGICAL EXAMINERS CERTIFICATE DE DE DE LES [Stoll Joseph 165 accept themes nelle MAREN PAUL REINES P. Admini. admini. I slave column of the state of 新型型 150kg / 50kg / 100 BELLEVILLE TO CHARLES THE STATE OF THE STATE Ingath pakingit Lit. wat - dinoifia.notindrigit.t.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6859 CERTIFICATE OF DEATH

06850

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

" Star	1. PLACE OF DEATH O. COUNTY Howard Co. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY oward
/	b. CHYOR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CHT OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION OR INSTITUTION	d. STREET ADDRESS  ON A FARM?  YES NO   O
	3. NAME OF DECEASED (Type or print) Purence Middle	Last 4. DATE Month Day Year OF DEATH June 6 1959
\	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH  9 LAGE (In yeors   IF UNDER 1 YEAR   IF UNDER 24 HRS.
J	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU duting nost of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME  E. Not 1 Junes	14. MOTHER'S MAIDEN NAME Referen 411th
	1S. WAS DECEASED EVERTIN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no. or unknown) (If yes, give war or dates of service)	NFORMANT Address  Ange E. Jurneh
	18. CAUSE OF DEATH [Enter anly one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gave rise to immediate couse (o), stating the under-	INTERVAL BETWEEN ONSET AND DEATH SMOL.
0	lying couse last.   (c)   Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I or Part II of item 18.)
		ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
	21. I certify that I attended the deceased fram. 1959, and that death ACTUAL SIGNATURE	ADDRESS (Street, city arltown, state)  M.D
1	PHYSICIAN'S Frank E. Shipley, N	1.D. 0
	220. BURIAL, CREMATION, 22b. DATE THEREOF 222. NAME OF CEMETERY CO	OR CREMATORY 22d. LOCATION (City, town, or county) or (State)
	23. FÜNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JUN 1 1 '59 Cuthun S. Haus

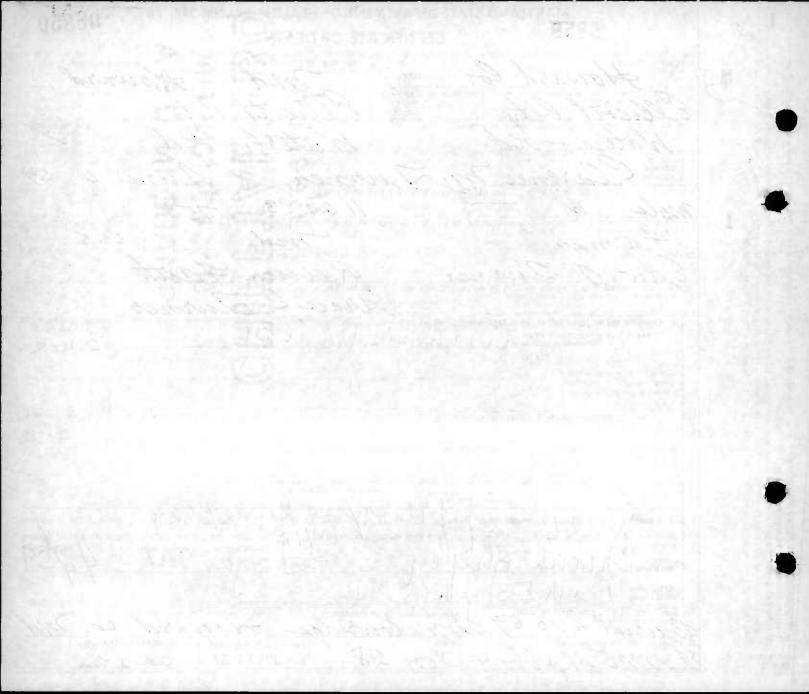
filled in by the funeral director, ges 1 and 2 shauld be filed with

attending physician.

Artificate has been signed by the attending physician and complete the harial-transit permit. Then please remaye carbon pagests the hurial-transit permit. os the burial-transit permit. Then please remave carbo TO HOSPITAL OF TENDING PHYSICIAN: The law may be retained, the hospital physic TO FUNERAL DIRECTOR: After the crificate has bee page 3 should be detached far use as the burial-trafthe registrar priar to burial, crematian, or remaval,

TENDING PHYSICIAN: The law requires that the death certificate be executed

VS A1S (4) 1SM 9/58



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6850 CERTIFICATE OF DEATH

06851

Reg. Dist. No.

Other & Kins

1. PLACE OF DEATH o. COUNTY HOWAS			MARYLAND	2. USUAL RESIDENCE	E (Where deceased	b. COUNTY		efore admission)
b. CITY OR TOW RURAL and giv	N (If outside corporate limite nearest town)  Cott City	ts, write c. LENGTH O	OF STAY IN 16	c. CITY OR TOWN		rote limits, write l	RURAL ond give r	nearest town)
OR INSTITUTION	SPITAL (If not in hospital, g DN Alice Ave	ive street oddress)		d. STREET ADDRES				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fir TIMO		Middle WATK	Lost	4. DATE OF DEATH	June	16 19	Day Yeor 19
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER	MARRIED B	March 10,1	L952	9. AGE (In years lost birthday) 7 yrs.	Months Doys	AR IF UNDER 24 HR Hours Min.
10o. USUAL OCCUP during most of None	ATION (Give kind of work working life, even if retired	done 10b. KIND OF BUSI		RY 11. BIRTHPLACE (S			12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME	ert Oliver W	tkins		14. MOTHER'S MAID	eth Stee			
15. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FOR (If yes, give war or dates of s			ormant orbert B.Wa	atkins,E		city, Md	
PART I.  180 X  Conditions,		, metast , Wilm	tatic	lung mos, re	cane	kidne		JSMO
20g. ACCIDENT	OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING					VEN IN PART 1(o)	19. WAS AUTOPS' PERFORMED? YES NO
OR CONTRIBUT (IF EITHER, NOT 20c. TIME OF IN Hour o. p.	m. 10	ar 20d. INJURY OCCUR While Not while ot work ot work	- fact	CE OF INJURY (Home, ory, street, office bldg.		or town)	(Count	ty) (Stote
21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S	that I attended the	19.59 and		accurred at //	A_M, fram ADDRESS (S	the causes at	nd an the da , stote)	DATE SIGNE
NAME (Type)	TION, 22b. DATE THEREC		of CEMETERY OR	CREMATORY	22d. LOCA	TION (City, town, densburg	ór county)	(Stote)
23. FUNERAL DIRECT		ADDRESS	S		REC'D BY REGIST		ISTRAR'S SIGNAT	TURE

filled in by the funeral director, ges I and 2 shauld be filed with executed remove carbon requires that the deoth certificate be ottending physician Then please Brificate has been signed by the as the burial-transit permit. Then attending physicion. TO HOSPITAL of STENDING PHYSIC may be retained, the haspital at TO FUNERAL DIRECTOR: After the page 3 should be detached for use as the registrar prior to burial, cremotion

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VS A15 (4) 15M 9/5B

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CERTIFICATE OF DEATH

	0001				Keg. Dist.	No.
1	o. COUNTY HO ward	MARYLAND	2. USUAL RESIDENCE (Whe		ounty How	- 1- d
	b CITY OR TOWN (If outside corporate limits, write PURATIONAl give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If OU X RUNAL	/	write RURAL and give	nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTIONS CAGGS VIME	Adress)	d. STREET ADDRESS	esvella	Ra	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) VIO/a Suffe	onia Whit	tehead	4. DATE OF DEATH	Month UN &	Day Year ( 1959
5	SEX Female 6. COLOR OR RACE 7. MARRI White WIDOWE	DIVORCED DIVORCED	8. DATE OF BIRTH J41429,18	9. AGE (II lost bir	Ab days	EAR IF UNDER 24 HRS.  Hours Min.
1	Do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	and of Business OR INDU	Howard C	r foreign country)	12. CITIZE	OF WHAT COUNTRY?
1	John Green		Sarah	Bryan	t	
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S Yes, no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	informant It, Waltur Wh	to head	Address Sca Tiau	995 Villard
	18. CAUSE OF DEATH [Enter only one couse per fine part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  Conditions, if ony, which gove rise to Immediate couse (o), stoting the under-lying couse lost.  (c)	hioner	hyseardis	لَهُ اللَّهُ ا		INTERVAL BETWEEN ONSET AND DEATH
TOTAL DISTANCE	PART II. OTHER SIGNIFICANT CONDITIONS C					PERFORMED?  YES NO
_			D. (Enter nature of injury in Pa		18.)	
200311	20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. 19 White of work	IJURY OCCURRED  Not while of work	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(Cou	nly) (Stote)
	21. I certify that I attended the decease alive an June 1956  ACTUAL SIGNATURE Robert Some	73 (	accurred at 740P	M, from the ca	ouses and an the or town, stote)	date stated above.  DATE SIGNED
	PHYSICIAN'S NAME (Type)	8		IAIN ST.		
2	20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) LULY 4 195	22c. NAME OF CEMETERY C	or CREMATORY	Scana	town, or county)	mil (Stote)
2	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS James	1 MI	BY REGISTRAR 24 N 8 '59	b. REGISTRAR'S SIGN.	

y filled in by the runeral director, Pages 1 and 2 should be filed with death. Page A TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours may be retained the haspitation attending physician.

O FUNERAL DIRECTOR: After the partificate has been signed by the attending physician and camp page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon paper the registrar prior to burial, crematian, ar removal, and in any event within 72 hours offer death. the haspite may be retaine TO HOSPITAL O VS A1S (4) 1SM 9/55

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		THE STATE OF	
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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6862 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06853

Reg. Dist. No.

	MACE OF DEATH  o. COUNTY  HOWARD			MARYLAN	O STATE		Vhere decease	ed lived. If institu b. COUNT	ulioni Reside	ence before d	admission)
	b. CITY OR TOWN (If a ond give nearest town)  Brookv		e RURAL	c. LENGTH OF STAY IN 1	c. CITY O		outside corp	orale limits, write	RURAL one	d give neares	t town)
	d. NAME OF HOSPITA	L OR INSTITUTION (	If not in hosp	pital, give street address)	d. STREET	ADDRESS R F J	D				S RESIDENCE ON A FARM? S MO
	NAME OF DECEASED (Type or print)	Fir WILLTAM	I.	Middle WIVEL	lo	ıst	4. DATE OF DEATH	June	h 2	Doy	Year 19 59
	S. SEX Male	6. COLOR OR RACE White	7. MARRIE	D NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRT			9. AGE (In years last birthday) 80 yrs.	IF UNDER Months	1YEAR IF U	NDER 24 HRS.
1	Oa. USUAL OCCUPATION during most of working Retired  13. FATHER'S NAME	(Give kind of work life, even if retired)	done 10b. K	None	Ba 14. MOTHER	ltimo	re, Md	ountry)	12, CITI	ZEN OF WH	IAT COUNTRY?
1	Unknow		DCECO Isa	POCIAL COCUMENTAL INC.		Unk	nown				
		If yes, give war or dates of			informant Irs.Elise	Murph	hy,Bro	okville,			
	PART I. DEATH	E (Enter only one cau I WAS CAUSED BY: WMEDIATE CAUSE (o) DUE TO	CO		HEAR	TE	41LV	RE		INTERVAL B ONSET AND C.#/	
	Conditions, if on gove rise to immedi (o), stating the uncouse last.	ole cause DUE TO		RONARY  NTRIBUTING TO DEATH BU					VENT IN L BAD	77/-10 1/	AS AUTOREY
)	CATIO	A SIGNIFICANT CON	DITIONS CO	NAME OF THE POPULATION OF THE	I NOI KEGIED II	OTHE TERMI	INAL DISEASE	COMMINION GIV	YEN IN FAR		RFORMED?
- 1	PART II, OTHE  20g. EXTERNAL CAUS PRIMARY   or CON CAUSE OF DEATH.	RIBUTING 1	b. DESCRIBE	HOW INJURY OCCURRED.	(Enter nature of i	injury in Port	t I or Part II	of item 18.)			
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While		LACE OF INJURY octory, street, office			or tawn)	(Cou	unty)	(Slote)
				emains described at Accident , S		n Autapsy Homicide		spection			d find that
	ACTUAL SIGNATURE	buald &	· Tra	Ky .	M.D.	MEDICAL EX	AL EXAMINES				TE SIGNED
2	EXAMINER'S NAME (Type)						EXAMINER [	_	3:19		
	20. BURIAL CREMATION REMOVAL (Specify) Burial	22b. DATE THEREO		22c. NAME OF CEMETERY C				ION (City, town, timore, )		(:	Slote)
	3. FUNERAL DIRECTOR'S F.C. Higinb		icott	ADDRESS City, Md			D BY REGISTI	RAR 24b. REGI	STRAR'S SIC	S. Haus	

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VS A15 (4)

ISM 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06854

6863 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND CHES. TYC Maryland Howard b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Elkridge Elkridge d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Route 4 Box Box 340 Route 4 YES NO NAME OF First Middle 4. DATE Lost Month Year DECEASED Day OF DEATH (Type or print) JACOB TADAM IS ZELTMAN 19 1959 June 19 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours DIVORCED [ Male WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Farmer Elkridge, Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob F. Zeltman Katherine Kraft 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address No 217-12-5605 Mr. Jacob F. Zeltman, Elkridge, Md 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BEZWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) ONSET AND DEATH DUE TO Conditions, if onv. which gove rise to immediate DUE TO couse (a), stoting the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e/PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour 0. m While Not while of work of work 21. I certify/that/I attended the deceased from 19\_\_\_\_,that I last saw the deceased alive on that death occurred at M, from the causes and an the date stated above. and ADDRESS (Street, city or town, state) DATE SIGNED SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City; town, or county) . (Stote) REMOVAL (Specify)

Stadoling Intheren

F.C. Miginbothon, Ellicott City, Md

June

Burial

23. FUNERAL DIRECTOR'S SIGNATURE

24g. REC'D BY REGISTRAR

Pfeiffers Corner Md 24b. REGISTRAR'S SIGNATURE

JUN 2 3 '59

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